

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/009016**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		1		1		
10		1		1		
11		1		1		
12	1		1			
13		1		1		
14		1		1		
15		1		1		
16	1		1			
17		1		1		
18		1		1		
19	1		1			
20	1		1			
21	1		1			
22	1		1			
23	1		1			
24		1		1		
25		1		1		
26	1		1			
27		3		1		
28		3		1		
29		3		1		
30		3		1		
31	1		1			
32		1		1		
33		1		1		
34	1		1			
35	1		1			
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49						
50						
TOTAL IND.	1		13			
TOTAL DEP.				22		
TOTAL CLAIMS				35		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS